

REGISTRATION FORM

August 17-18, 2017

**NYSUT TARRYTOWN REGIONAL OFFICE
520 WHITE PLAINS ROAD, SUITE 400, TARRYTOWN, NEW YORK 10591, 914-592-4411**

(COMPLETE ONE FORM FOR EACH REGISTRANT)

PLEASE PRINT: (IF NO SPECIFIC NAME IS ENTERED, NO HOTEL ROOM WILL BE RESERVED!)

NAME: _____ LOCAL ASSOC. NAME: _____
HOME ADDRESS: _____ UNION POSITION: _____
_____ ZIP _____ FIRST TIME ATTENDEE: YES or NO (CIRCLE ONE)
HOME PHONE: _____ ROOMMATE PREFERENCE: _____
CELL PHONE: _____ ROOM TYPE: SINGLE _____ DOUBLE _____
E-MAIL: _____ DAY GUEST _____
TEACHER _____ SCHOOL RELATED PROFESSIONAL _____ OTHER _____

_____ **NEW LEADER ACADEMY:** *This program is for all union leaders who have be active for 5 years or less and will run throughout the duration of the conference. (If you select this option, skip the following section and proceed to the signature.)*

THURSDAY MINI COURSE SELECTIONS: *These courses will be offered twice over two sessions, so you will have the opportunity to attend two of the classes. Please mark your 1st, 2nd and 3rd choices so we can arrange your schedule.*

_____ Beyond Buttons and Shirts	_____ Legal Update
_____ Closing the Deal: The Mediator's Perspective	_____ New Health and Safety Laws, Rules & Regulations
_____ Civil Service Law	_____ Political Action: Organizing in a Betsy DeVos World
_____ Creative Salary Negotiations	_____ School Budget Analysis
_____ Ed Law	_____ What Would You Do?
_____ Employees' Retirement System	_____ #YouAreFired!
_____ Internal Organizing	_____ You Have the Right to Remain Silent

FRIDAY MAJOR COURSE SELECTIONS: *Mark your 1st, 2nd, and 3rd choices, in case of cancellation of a course.*

_____ ABCs for SRPs	_____ Advocacy & Taylor Law
_____ Advanced Grievance	_____ Framing the Message
_____ Advanced Negotiations	_____ Labor Relations in the Private Sector
_____ Advanced Union Representative	_____ Law in the Workplace

* For advanced courses indicate union office held: _____ years in position _____

Emergency Contact Information (please print clearly):

Contact Name: _____

Contact Number: _____

Dietary Restrictions:

Please list any dietary restrictions: _____

Local President's Signature: _____

Participant's Signature _____

ALL REGISTRATION FORMS WITH CHECK (MADE PAYABLE TO NYSUT) MUST BE RETURNED TO THE TARRYTOWN REGIONAL OFFICE NO LATER THAN FRIDAY, JUNE 9, 2017.